

2010-11 County MFIP/CCSA Biennial Service Agreement

Minnesota Family Investment Program and Children and Community Services Act

January 1, 2010, to December 31, 2011



Minnesota Department of **Human Services**

Type of Service Agreement

Individual county submitting a:

Multi-county partnership submitting a:

Combined MFIP/CCSA Agreement
 MFIP-only agreement
 CCSA-only agreement

Combined MFIP/CCSA Agreement
 MFIP-only agreement
 CCSA-only agreement

County Name: **Becker County**

County Names:

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County MFIP/CCSA Biennial Service Agreement

January 1, 2010, to December 31, 2011

CONTACT

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Date:	September 9, 2009

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Complete all applicable questions in the following sections. Provide brief but informative responses to the required questions. Information from responses will be shared with staff and other counties. Please ensure that responses are edited before submission to the department.

* * *

Section I: Minnesota Family Investment Program (MFIP)

A. Statement of Needs

1. Describe the more persistent needs of participants that your county continues to address with MFIP funds. Discuss any unique needs of the MFIP and DWP participants, including participants in the Family Stabilization Services (FSS) track.

Several issues in Becker County continue to challenge the needs of MFIP, DWP and FSS participants. Most notably, these issues include lack of transportation and childcare, undiagnosed mental health issues and chemical dependency. Poverty and unemployment also remain issues in the county. Becker County has seen unemployment rates jump to double digits for the first time since 1996. Last year the county saw unemployment rates as high as 11.7%.

Additional issues faced by this population in the County include low academic skills, limited job seeking skills and poor work histories. Many in this population lack the resources and skills necessary to obtain economic stability and self-sufficiency. They lack basic work skills such as reliability, problem solving, positive attitude, accepting criticism, initiative, teamwork, and interpersonal interaction. Many also lack job specific skills or have been unable to balance work and family. In addition, a portion of this population has additional issues that require more intensive services. These include chemical dependency, mental health, learning disabilities, literacy, and family violence.

Seasonal employment, a lack of a transportation infrastructure, rising transportation costs, and low wages remain issues for MFIP/DWP/FSS participants in Becker County. Supportive services such as gas vouchers or vehicle repairs will remain high priorities to promote employability and retention success. Paid work experience, on-the-job training, job readiness and job seeking skills and supports are also high priority. Job skills training and prevocational training are high priorities to assist participants in gaining skills, knowledge and abilities for employment. This becomes increasingly important as the number of job seekers continues to increase for each job opening.

Multiple needs of the participant members and their families including health, economic, and geographical challenges.

2. For each of the categories listed below, specify what proportion of the MFIP, DWP and FSS participant caseloads will likely need these services in the 2010-11 biennium. A participant could be included in more than one category.

Needs/Services	Caseloads		
	MFIP	DWP	FSS
Chemical/Substance	75%	50%	25%
Child Care	100%	100%	20%
Education	70%	35%	50%
Employment	75%	100%	75%
Housing	75%	80%	50%
Language	5%	5%	10%
Mental Health	25%	25%	75%
Support Services	100%	100%	100%
Transportation	100%	100%	100%
Other (state): Community Resources	50%	50%	50%
Other (state): Domestic Violence	30%	30%	30%
Legal Issues	50%	40%	75%

3. If you have additional comments regarding the needs of MFIP, DWP and FSS participants, use the space provided below.

A livable wage or other means of support to self-sufficiency; the basic skills to enter employment (soft skills).

B. Strengths and Resources to Address Needs

1. Describe the strengths and resources available in your county to address the needs/services listed in Section I, Part A, Question 2 above.

The county will continue to utilize the employment services and supported work services from our contracted provider, Rural MN CEP, as their expertise addresses the employment needs of our MFIP/DWP/FSS families. As allowed by MN Statute 116L.871 the county will be designating Becker County Community Health as an employment services provider. Our plan includes using Community Health as a service provider for MFIP participants who are minor caregivers and are referred to Children & Families for their MFIP Education Plan.

2. For the more persistent needs of participants described in Section I, Part A, Question 1 above, describe the supports that may be needed to help resolve these persistent needs. Include actions/steps your county may be taking to prepare participants given current economic conditions.

Supports needed for Section I resolution would be additional housing including a shelter in the county; additional public transit routes; additional mental health providers; additional quality child care providers; and additional chemical/substance abuse family residential programs. Housing was established as a county goal with a workgroup meeting quarterly.

Strategies taken to better prepare participants and resolve persistent needs include participation in FSS case management and try-out work, a focus on the use of Supported

Work to attach individuals to the workforce; using short-term training to enhance skills; and close monitoring of working participants to ensure successful work habits. Additionally, a strong network of support service agencies collaborate together to provide supports needed. For example, the offering of social services, employment and training activities, other wrap-around services (such as referrals for chemical dependency issues), case management and counseling, and conducting interventions to address barriers offer a holistic approach to support participants toward self-sufficiency efforts. The Employability Measure Training provides an additional method of identifying server barriers earlier in the case management process.

3. How is your county working with the Workforce Centers, Community Action Partnerships, etc. to access data, funding and services available in the federal stimulus package?

The Workforce Center/Rural MN CEP is our main resource for employment services. Their federal stimulus funds have been used to fund MFIP participants under the age of 24 for supported work/work experience opportunities. Also their Dislocated Worker Program has excellent education benefits for those MFIP participants who may qualify. Mahube Community Council is our Community Action Program. Our partnership with Mahube has always been strong in the housing (Homeless Prevention and Energy Assistance) and child care issues. The county will also continue our collaboration with White Earth Employment and Training to meet the employment services and supported work services of the MFIP Participants referred to WE E&T. We also work closely with Becker County Veterans Services Office, Becker County Housing, West Central Initiative, Becker County Salvation Army and any other potential resources located or having a program in our county. Weaving the needs and programs/funding available into the fabric of our Community Resources

4. Family Stabilization Services

a. County Contact information

Name of FSS staff contact:	Huldy Sannes
Contact phone:	218 846-7377

b. Service model

Describe, in detail, the service model used by the county to provide FSS services, including how and by whom: (1) eligibility is determined and (2) cases are managed.

Eligibility is determined by the Financial Worker if FSS criteria are known and referred to our ES provider.
 The County will utilize the services of Rural Minnesota CEP, Inc. (RMCEP). RMCEP for assessments in the Employability Measures. If FSS criteria are met, the county will be informed.

RMCEP will utilize a case management model that focuses on employment and each individual’s right to work. General employment policy should ensure that employment programs presume that all people are a part of the American workforce.

RMCEP's role is to support people who meet the FSS criteria in maximizing their employment. We look beyond the disability or circumstances and look at the individual's ability and capability – the things that make each of us unique and worthwhile.

RMCEP will customize services for individuals. The case manager will develop a plan for each family that includes long-term self-sufficiency as a goal. The family stabilization plan will identify the participant's most appropriate path to unsubsidized employment, family stability and barrier reduction, taking into account family circumstances. To accomplish this, we will begin by conducting an assessment of strengths and barriers, identify services needed as well as supports, education and accommodations each participant may need to become self sufficient.

FSS services include the following activities:

- Assessment resulting in Employment Plan
- Assist client with reasonable accommodations
- Multi-disciplinary teams to work with clients
- Identify and access a range of services designed to reduce barriers
- Utilize Employment and Training services to help people move toward self-sufficiency.

Services Provided for Individuals meeting FSS Criteria:

Assess individual's physical and/mental abilities

- Gather results of assessments to determine individual's ability to perform work.
- Assist with determination of need for reasonable accommodations.
- Provide personal case management.
- Set up multi-discipline teams to work with clients.
- Assist clients in developing Employment Plans.
- Promote activities that coordinate a range of services, including volunteer work, education, mental health, etc.
- Use Employment and Training services to help move people from system dependency to self-sufficiency when possible.
- Closely monitor participant's progress at job shadowing, paid work experience; volunteer, or unsubsidized work sites.
- Maintain close working relationship with County Financial Workers.

Additional Services Provided for New Immigrants:

- Meet and develop a FSS plan
- Refer clients to English as a Second Language (ESL) or Functional Work Literacy (FWL) classes.
- Review progress to determine if FSS is still appropriate

c. Challenges

During the current biennium, what has been the greatest challenge faced in serving FSS participants? What steps has the county taken to address this challenge?

The greatest challenges have been the availability of mental health services continuations, SSI applications, overcoming legal/felony issues, availability of chemical/substance abuse programs and undiagnosed health care needs. The county’s Mental Health/Chemical Dependency Unit has restructured with additional Mental Health Social Worker. We will continue to explore and develop resources as resources allows.

5. Provider Information

List the name, address, contact person, phone number and programs administered for all current employment services (ES) providers in your county. Check the respective box if MFIP ES, DWP ES or FSS services are provided. *(Insert more rows if needed)*

Name and address	Contact person	Phone	Service provided?		
			MFIP ES	DWP ES	FSS
RMCEP, INC	Huldy Sannes	(218) 846-7377	X	X	X
Becker County Community Health	Ronda Stock	(218) 847-5628 X5399	X	X	X

C. Outcomes and Measures

Three-year MFIP Self-support Index (S-SI)

Measure: Percent of MFIP/DWP cases off cash assistance or working 30 or more hours per week three years after a baseline quarter.

Review the statistics provided below for your county’s performance on the S-SI beginning April 2008 and ending March 2009.

- [Performance Data on the S-SI \[April 2008-March 2009\]](#)

1. Counties “within” or “above” their expected range of performance

If your county is ‘within’ or ‘above’ the expected range of performance on the annualized Self-support Index [April 2008-March 2009], provide a concise analysis of your county’s

performance during this one-year period. Include an assessment of how well current strategies are working to improve your county’s current performance on this measure and discuss any new strategies your county will implement in the 2010-11 biennium. Using the data provided, enter in the response box below whether your county is ‘above’ or ‘within’ the expected range, your county’s annualized performance percentage, and targets your county hopes to achieve by the end of each year of the biennium.

<p>Analysis/assessment of current strategies/identification of new strategies: Our DIGGS (Direct Intensive Goals for Greater Success) provides an increased effort methodology with our contracted employment services provider. The rapid engagement of the participant in assessment and coordination of services and remaining available to the participant and employer after job placement in an effort to increase job retention. Supported work experience also plays a valuable role in the self-support index providing training and work experience.</p> <p>A new strategy for 2010-2011 can be employed as a pilot for Region 4 involving ABE, RMCEP, WorkKeys and Human Services in Becker and Otter Tail Counties through West Central Initiative – Family Economic Success grant. The pilot’s first objective is to increase basic skills and soft skills to allow individuals to gain access to occupations and to be successful in the workplace. The pilot’s second objective is to educate employers on the value of WorkKeys career readiness certificates</p>			
From the Apr. 08-Mar. 09 annualized data, check if your county is ‘above’ or ‘within’ its expected range and the percentage performance	<input checked="" type="checkbox"/>	Above	77.6%
	<input type="checkbox"/>	Within	
Enter annualized targets your county hopes to achieve for the periods:		Apr. 09–Mar. 10	80%
		Apr. 10–Mar. 11	80%

2. Counties below the expected range of performance

If your county is ‘below’ the expected range of performance on the annualized three-year S-SI, your county will not receive the 2.5 percent performance bonus unless it submits a Performance Improvement Plan (PIP) that is approved by the department. If your county is planning to submit a PIP, access the link below for instructions on how to complete and submit the PIP. The PIP covers the two-year period 2010-11.

- [Performance Improvement Plan for the S-SI \[2010-11\]](#)

TANF Work Participation Rate (WPR)

Measure: Percent of countable work eligible individuals who successfully meet the work requirements. The TANF work participation rate target is 50 percent less the caseload reduction credit (CRC) for the previous year. The CRC is calculated to be 10.6 percent for both 2010 and 2011; therefore, the adjusted TANF work participation rate target is set at 39.4 percent for CYs 2010 and 2011.

Review the statistics provided below for your county’s performance on the WPR

beginning April 2008 and ending March 2009.

- [Performance Data on the WPR \[April 2008-March 2009\]](#)

1. Counties with a Work Participation Rate of 39.4 percent or more, or a 5 percent increase from the previous year

If your county meets or exceeds 39.4 percent on the annualized Work Participation Rate target, or had a five percentage point increase from the year before (Apr. 07–Mar. 08), provide a concise analysis of your county’s performance during Apr. 08–Mar. 09, and include an assessment of how well current practices are working to improve your county’s current performance. Include any new strategies your county will implement in the 2010-11 biennium. At the bottom of the response box enter current annualized performance and anticipated targets your county will work to achieve each year of the 2010-11 biennium.

The FSS program, Supported Work activity and close monitoring have been key contributing factors leading to a 5.9% increase from last year (07-08).		
Enter your county’s annualized Work Participation Rate target for Apr. 08 – Mar. 09		33.1%
Enter annualized targets your county hopes to achieve for the periods:	Apr. 09–Mar. 10	40%
	Apr. 10–Mar. 11	40%

2. Counties with a TANF Work Participation Rate below 39.4 percent that did not achieve a five percentage point improvement from the previous year:

If your county performance is below 39.4 percent on the annualized TANF Work Participation Rate for Apr. 08 – Mar. 09, and did not achieve a five percentage point increase from the previous year (Apr. 07 – Mar. 08), your county will not receive the 2.5 percent performance bonus unless it submits a performance improvement plan that is approved by the department. If your county is planning to submit a PIP, access the link below for instructions on how to complete and submit the PIP. The PIP covers the two-year period 2010-11.

- [Performance Improvement Plan for the WPR \[2010-11\]](#)

Promoting Equity in MFIP Outcomes

Performance data of subgroups on the S-SI and WPR over the four alternate quarters covering Jul. 2007 to Mar. 2009 (Jul.-Sep. 2007, Jan.-Mar. 2008, Jul.-Sep. 2008 and Jan.-Mar. 2008), are provided below. Performance gaps were calculated when a county subgroup performance was five percentage points or more below the performance of whites. [Only county and subgroup caseloads of 30 or more were used for this measure] Click on the link below to review a summary of subgroup performance data for S-SI and WPR within your county (note: there are two sheets in the Excel file):

- Two-year Performance Trend of Racial/Ethnic and Immigrant Sub-groups (Available at the end of July.)

Counties with a performance gap in one or more subgroups

If your county has one or more subgroups with a performance gap in both the last quarter (Jan.-Mar. 2009) and the average of the four quarters, list the subgroup(s), provide the required data in the table and respond to the questions that follow for each of the subgroup(s) listed.

1. Self-support Index

Racial/ethnic subgroup	S-SI for whites	S-SI for sub-group	Percentage difference (gap)	Number of participants needed to eliminate gap
American Indian	83.9%	50.9%	33.0%	16
<p>Explain why the performance gap exists for each subgroup above: Based on the <i>Racial Disparities in MFIP</i> Issue 17 dated February 2009 conclusion: “It is imperative that every effort be made to understand the causes of these gaps and to design interventions to remedy them.”</p>				
<p>What existing and new strategies will your county use to eliminate or reduce the performance gaps? We received an Innovation Grant for Racial Disparities Project which began 1/1/2009 to 12/31/09. The goal is Work Eligible American Indian MFIP participants will find employment for at least 30 hours/week in an occupation that will lead to a livable wage. RMCEP is employing KeyTrain as the pre-employment training and providing supported work activity to improve employment opportunities for work eligible American Indian MFIP participants.</p>				
<p>What action steps will your county take to implement strategies in the next biennium? Review data as available from our Racial Disparities Project. If funding continues, improve and expand pre-employment training activities along with employer involvement and supported work opportunities.</p>				

2. TANF Work Participation Rate

Racial/ethnic subgroup	WPR for whites	WPR for sub-group	Percentage difference (gap)	Number of participants needed to eliminate gap
Not listed as a performance gap report				

Explain why the performance gap exists for each subgroup above:

What existing and new strategies will your county use to eliminate or reduce the performance gaps?

What action steps will your county take to implement strategies in the next biennium?

Section II: Children and Community Services Act (CCSA)

A. Statement of Needs

1. For each of the program areas listed below, what needs and priorities will be addressed during the 2010-11 biennium?

Children's mental health:

1. Access to psychiatric care for children is limited and needs to be increased. Within Becker County there is about 2.4 full-time equivalent of psychiatric time. This includes one full-time shared care psychiatrist, one psychiatrist who is available one-day a week, one full-time Registered Nurse-Clinical Nurse Specialist (R.N., C.N.S) and another R.N., C.N.S. who is available one day a week. Only the C.N.S. who is available one day a week specializes in working with children and adolescents. Our goal is to increase child and adolescent psychiatric care by adding at least 1 full-time equivalent R.N. C.N.S. within the next two years.

2. Our children's mental health crisis intervention and stabilization services were initiated in 2008 and have shown effectiveness in reducing children's risk of out-of-home placement. We need to continue to integrate these services with probation, child protection, school districts, and law enforcement. Our initiative is that of maintaining at least 5 rotating mobile crisis teams, the crisis line, and school district participation over the biennium. We also plan to expand and strengthen our crisis referral network by training and involving law enforcement, child protection, probation, and primary care providers.

3. Mental health services for families with children between the ages of 0 to 5 are showing positive results in preventing the development of mental health problems, promoting child, and parent health, and reducing future need for child protective services. 0 to 5 mental health services are in the initial stages of development in Becker County and need to continue to grow and integrate with other mental and health care services. Our goal is to provide information and education to the public and to social and community mental health service providers on the mental health needs of children ages 0 to 5 and their families. Coinciding with this goal will be our effort to support the development of mental health professionals and practitioners who show an interest and aptitude for working with this very young population. Successful efforts should result in the identification of a 0 to 5 mental health professionals in each of our major mental health provider agencies and children's mental health case managers who have received training in working with children 0 to 5 and their families.

4. Families and consumers of children's mental health services need to be better informed regarding the availability of mental health services and the supportive services available. This includes providing them with information about the nature of mental health problems and the help that is available, providing information about mental health by services and how to access them and developing capacity for and access to support services within the community. We plan to have at least on mental health

presentation to the community every quarter throughout the biennium. We also plan to have in a stable parent support network or group that will be evident in our LAC membership by the end of the biennium.

Child safety:

Becker County has recently submitted a Program Improvement Plan for approval by the Minnesota Department of Human Services. Becker County's focus will be on improving timely response to reports of maltreatment and ensuring risk and safety are adequately addressed in both assessments and in screened-out reports referred to open workgroups. Preventing recurrence of abuse and neglect is always a priority. Due to large sibling groups, one recurrence can prevent Becker County from achieving performance standards, however, performance has been improving due to a reduction in caseload sizes.

Child permanency:

Becker County performs well in the area of child permanency. Efforts will focus on strengthening and clarifying the visitation program and accompanying protocols to ensure timely visitation at the beginning of placement, and to remove barriers to parental participation in visitation. Becker County will continue to monitor and address performance in all areas of child permanency.

Child well-being:

Due to recently reduced caseload sizes, Becker County has been able to affect a 20 plus percent increase in the frequency and consistency of worker visits with children in placement. Becker County's goal is that every child and every family will have a face-to-face visit each month by the case manager. By providing a minimum of monthly quality face-to-face visits, the consistency and effectiveness of assessment of family needs and provision of services to meet those needs will improve. Special focus will be on engaging non-custodial parents in case planning and service delivery.

2. For adults with developmental disabilities and other vulnerable populations, what needs will your county be addressing in the 2010-11 biennium?

For adults with developmental disabilities and other vulnerable populations the following needs will be addressed:

1. There is a need to expand support services for families that have individuals with developmental disabilities living at home i.e. supported living services, in home family support service, and respite services.
2. There is a need to develop opportunities in the county for extended and supported employment. There has been a waiting list for the sheltered workshop providing site based employment services. There has not been much use of supported employment services in the community.
3. A need exists for more ongoing services for vulnerable elderly individuals living independently in the community. These individuals are often reported to the agency as vulnerable adults when often the need is for more ongoing formal or

informal services and supports.

4. For children with developmental disabilities there is a need to better coordinate services and programs with other community agencies as well as other agency staff.

B. Strengths and Resources to Address CCSA Needs

1. Based on the strengths and resources available to your county in the 2010-11 biennium, discuss its position to adequately address the needs narrated in Part A?

Because of the high poverty in the county and limited resources, the county will continue to partner with various community agencies to provide the most seamless, cost effective and efficient services to families and individuals. The county has numerous partnerships, especially in the children's mental health arena and most are very successful. CCSA funding cuts will make it difficult to maintain existing services, let alone improve access to services or further reduce caseload sizes that continue to be larger than the average for the region. Becker County is seeing an increase in abuse and neglect that is closely related to the stressors rampant in the current economy. There has been an increase in homelessness and an inability to meet basic survival needs in many families. Funding has been reduced at a time of increased need.

Our strengths in accomplishing children's mental health goals are our successful inter-agency collaborative efforts including Shared Care Psychiatry and the Minnesota Consortium for Advanced Rural Psychology Training (MCARPT). Our Comprehensive Crisis Response (CCR), a joint effort between Becker County and the White Earth Reservation that involves school districts and mental health providers, is another asset that will contribute to our ability to obtain our goals. In regards to mental health services for children 0 to 5 and their families, one strength is the successful development by White Earth of Baby Spaces. Baby Spaces is an educational and therapeutic program that is showing positive results on children's mental health. Becker County also has 5 mental health professionals who have already received training at working with children 0 to 5 and their families. Our efforts to develop information and support for families will be supported by parent and inter-agency involvement in our local children's mental health advisory council.

2. What strategies will your county use to maximize resources to address the needs discussed in Part A in the 2010-11 biennium?

Becker County will continue to use SSIS (Social Service Information System) Charting and Analysis, along with DHS provided data, to monitor performance and develop strategies to ensure that children's safety, permanency, and well-being needs are identified and effectively addressed.

Child protection staff will be cross-trained in immediately assessing and responding to safety and risk in order to improve timeliness of response to child maltreatment reports. Individual and group training will address the need for timely and ongoing safety and risk assessment. Becker County will continue to use Structured Decision Making tools

in assessing and addressing risk and safety.

Staff will receive training and additional support in engaging non-custodial parents in case planning and services. Support staff will assist in identifying and locating non-custodial parents at the time of placement. Referrals for relative search will be made within 5 days of placement.

Visitation protocols have been clarified and a process put in place to ensure children visit with their parents within 48 hours of placement providing it is safe.

In addition to current direct supervision strategies, Becker County will expand its quality assurance system to include a case review system that yields valid data and a process for analyzing the data to identify and implement effective strategies to improve practice. The county will continue to use the Family Group Decision Making process to engage families and particularly non-custodial parents in case planning and services. Community Health will continue to screen children entering the foster care system for immediate health concerns.

To accomplish our mental health goals we will work collaboratively with mental health providers and related services toward our shared goals. Sharing resources and in-kind contributions will reduce the costs to individual agencies while the benefit to our mutual clients will be increased. In developing and maintaining effective crisis and 0 to 5 mental health services, we plan to keep mental health and crisis workers informed and trained on the most effective practices. This will require shared inter-agency effort, communication, supervision, and training. Our local mental health advisory council and network of providers will provide information regarding mental health services and information will be made available to the public by the distribution of printed materials and the use of media.

C. CCSA Outcomes and Measures

Keeping children safe and improving their well-being is the overall goal for CCSA. In 2005, the department began issuing annual performance reports on CCSA measures starting with CY 2004 data. As noted in the instructions, the department is now transitioning to new and revised federal measures. Currently, varieties of strategies are being used to transition counties to these measures and to understand and monitor ongoing performance. This includes the addition of revised outcome measures in the Charting and Analysis tool in SSIS, developing a dashboard tool, integrating new measures into CFSRs, and adopting comparable measures into CCSA. As such, the “CCSA Annual Performance Report: CY 2008 Data” will transition counties to the revised federal measures. Follow the link below to access the CCSA Annual Performance Report.

- CCSA Annual Performance Report: CY 2008 Data (Available at the end of July.)

1. County Performance

For each of the federal measures in the table below, enter your county’s 2008 performance (from the data provided), state if your county performance is above or below the standard and anticipated targets for each year of the 2010-11 biennium.

For each of the state measures, enter your county's 2008 performance, state if your county performance is above or below the standard and enter anticipated targets for each year of the 2010-11 biennium.

Federal Measures

Measures (abbreviated)	Standard	State/county Performance			Anticipated targets	
		State	County	Above/ Below	2010	2011
1. No repeat maltreatment within six months	94.6 % ↑	94.9%	92.2%	Below by 2.4%	93.2	94.6
2. Re-entered foster care within 12 months	9.9 % ↓	26.1%	22%	Below by 12.1%	20%	18%
3. Reunified within 12 months	75.2 % ↑	86.1%	83.1%	Above by 7.9%	84%	86%
4. Adopted within 24 months	36.6 % ↑	50.3%	100%	Above by 63.4%	75%	75%
5. Two or fewer placement settings	86.0 % ↑	86.1%	80.2%	Below by 5.8%	83%	86.1

A *blue* font indicates that state performance exceeds the federal standard for that measure. *Red* means the state performance is below.

State Measures

Measures (abbreviated)	Standard	State/county Performance			Anticipated targets	
		State	County	Above/ Below	2010	2011
6. No repeat maltreatment within 12 months	100% ↑	91.5%	78.4%	Below by 21.6%	85%	92%
7. Showed improved mental health *	**	40.7%	44.9%	Above by 4.2%	%	%
8. Received health exam within one year	63.2% ↑	55.7%	81.8%	Above by 18.6%	85%	95%
9. Received mental health screening	**	43.6%	62.4%	Above by 18.8%	75%	85%

* Only counties for whom CASII data are available are required to respond to question 2 below on this measure. The remaining counties can enter N/A in the box above. ** For state Measures 6 and 8, standards were set at the 75th percentile using county 2008 performance data. For Measures 7 and 9, the following standards were established by the department's Children's Mental Health division. **Improved Mental Health** [55% for CY 2008, 60% for CY 2009, 65% for 2010, 70% for 2011] and **Mental Health Screening** [50% for CY 2008, 60% for CY 2009, 70% for 2010, 80% for 2011]. Use these standards when establishing anticipated targets above.

2. Counties not meeting the federal or state standards for CY 2008

For any measure for which your county is not meeting the federal standard or state standard for CY 2008, enter the measure number and briefly discuss strategies that will be continued, changed or done differently to ensure it improves, reaches or exceeds the targets set for 2010 and 2011. If a Minnesota Child and Family Service Review was recently conducted in your county and it is currently working under a program improvement plan for that measure, reference the PIP, and briefly describe the strategies. (One response box is provided below; copy and paste as needed).

Measure #: 1	No repeat maltreatment within six months
Steps to improve performance:	
<ol style="list-style-type: none"> 1) Becker County has recently experienced decreased caseload sizes that have dramatically improved performance in many areas, including rates of repeat maltreatment. Becker County will attempt to keep caseload sizes within manageable limits, although this may prove difficult due to funding cuts. 2) Address safety and risk in individual supervision and unit meetings on an on-going basis, utilizing SSIS (Social Service Information System) Charting and Analysis Data. 3) Continue to use Structured Decision Making tools to effectively assess and respond to safety and risk. 4) Continue to use Family Group Decision Making to assist families in building long-term support systems to reduce future risk of abuse and neglect. 	
Measure #: 2	Re-entered foster care within six months
Steps to improve performance:	
<ol style="list-style-type: none"> 1) Utilize Children’s Justice Initiative and Supervisors’ Team to share Charting and Analysis data about re-entry rates and to develop strategies for reducing re-entry particularly in the areas of children’s mental health and juvenile probation. 2) Continue to work the Family Preservation team and with families to ensure long-term solutions and substantive change to prevent re-entry due to abuse and neglect. 	
Measure #: 5	Two or fewer placement settings
Steps to improve performance:	
<ol style="list-style-type: none"> 1) Becker County has instituted a Foster Family Support Program, with relative caregivers receiving first priority for service. Foster families are provided access to Family Group Decision Making, family-based therapy and family resource workers, respite childcare and foster care and assistance with transportation. Placement stability was noted as a strength in Becker County’s Children and Family Services Review. 2) Becker County will continue to monitor Placement Stability performance data, assess the need for further changes and implement new strategies as appropriate. 	
Measure #: 6	No repeat maltreatment within twelve months
Steps to improve performance:	
<ol style="list-style-type: none"> 1) See measure #1 above. The performance expectation that there will be NO repeat maltreatment over a period of 12 months is not realistic. 	

3. All Counties (optional)

The department encourages the sharing of good practices and approaches that are working well across the state. If your county has identified one or more practices that are indicating positive outcomes for children in a particular measure, identify the measure number below and briefly summarize the practice/approach. *(One response box is provided below; copy and paste as needed).*

Approaches and steps that are leading to positive outcomes: Monthly individual supervision and case review.
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Emphasis on “Every child, every family, every month”.

Ideas and strategies often flow from the bottom up, instead of from the top down. This increases worker investment in change and in improved performance.

FGDM, contracted relative search service and the Permanency Screening Team ensure timely and appropriate permanency.

In a time of economic hardship, FGDM flex funding provides concrete supports for safety and prevents placement. FGDM is critical to engaging all family members including non-custodial parents in case planning and services, expands the resources available to families, and creates long-term support systems to prevent future abuse and neglect.

4. Performance by racial/ethnic subgroups

CCSA 2008 data by racial/ethnic subgroups (using Bureau of Census categories) are provided for three measures: re-entry into foster care, reunification with family, and two or fewer placement settings.

Counties with racial/ethnic subgroups having 10 or more individuals in a numerator were examined to determine if a performance gap of five percentage points or more exist when comparing subgroup performance from that of whites. Access the link below and review the data provided for the three measures. [Note: three spreadsheets—one for each measure—are included in this excel document]

- [CCSA Performance Data by Racial/Ethnic Subgroups for CY 2008](#)

If your county has a racial/ethnic subgroup with a performance rate that is five percentage points or more below the rate for whites on any measure (shaded cell), briefly described what issues may have led to these differences in outcomes, and steps that will be taken to improve the outcome for each subgroup for the 2010-11 biennium.

<p>Reunified within 12 Months: White 86%, American Indian 76%</p> <p>During 2008 as part of the American Indian Child Welfare Initiative, Becker County transitioned Child Protection and Child Welfare services to White Earth Indian Child Welfare for White Earth enrollees residing on White Earth Indian Reservation at the time of intake. During that time of transition, roles were not clearly defined and White Earth ICW was adjusting to a large increase in cases and responsibilities. This was also during a time that Becker County experienced a two and half fold increase in intakes, assessments, placements and case management cases. The sheer number of cases resulted in delays in White Earth Tribal Court. In Becker County, intakes, placements and caseload sizes have since stabilized. Most non-Initiative cases are heard in state court and can be expected to progress in a timely manner. Becker County’s Permanency Screening team assists workers in achieving timely reunification. Becker County participates in the American Indian Child Welfare Initiative workgroup meetings to develop and clarify protocols and procedures.</p> <p>Two or Fewer Placement Settings: White 86%, American Indian 73.3%</p> <p>White Earth Indian Child Welfare continues to struggle with developing an adequate pool of trained Native American foster homes. White Earth is attempting to provide</p>	
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placement options not only for children domiciled on the reservation, but also for White Earth enrollees from all over the state of Minnesota and throughout the country. Many children entering placement have special needs and challenging behaviors. They often enter as part of sibling groups of 4-6 children. Children frequently experience multiple placement settings due to caregivers' unwillingness or inability to meet the special needs of the children in their care.

Becker County will continue to work diligently with White Earth Indian Child Welfare in identifying appropriate relative caregivers. Becker County has a home-based foster family support worker and will give service priority to Native American caregivers of children not eligible for the MN American Indian Child Welfare project. Becker County has recruited and licensed one Native American foster home off the reservation. Becker County will continue to recruit, train and support additional Native American foster/adopt homes off reservation.

Section III: Integrating Services for Child Welfare and MFIP Families

In the past several years, a number of Minnesota counties have worked towards integrating services for families who are in need of a variety of services, such as financial assistance and child welfare. Some have also integrated their child support and public health departments. Many counties report that clients with multiple needs drive the need to coordinate and integrate service delivery. While counties are at different levels of coordination and integration, some responded that such efforts lead to a continuum of seamless service access for families, improved communication, and better coordination across program staff.

The department would like to share with counties and tribes efforts and strategies counties are using to coordinate and integrate services. Respond to the following questions regarding the type and level of service coordination and integration at your county. These responses will supplement responses from the 2008-09 service agreement to get a clearer picture of county service delivery systems.

County Size Small Medium Large

Type of coordination/integration

	Coordinated	Integrated
Referrals	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Joint case planning	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Joint staff meetings	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Communication between financial and social worker	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Interdivisional teams	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Interdivisional services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Central intake	<input type="checkbox"/>	<input type="checkbox"/>

If your county has already integrated services and departments, or working toward integration, check the boxes below that describe the characteristics of your county's integrated services. *Mark all that apply and use the space provided to briefly explain or comment, if needed.*

1. Departments/services integrated

<input checked="" type="checkbox"/> Financial/food assistance	<input checked="" type="checkbox"/> Child welfare	<input checked="" type="checkbox"/> Child support
<input checked="" type="checkbox"/> Employment/training	<input checked="" type="checkbox"/> Public health	<input checked="" type="checkbox"/> Chemical dependency
<input checked="" type="checkbox"/> Mental health	<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Adult supports
<input checked="" type="checkbox"/> Housing assistance	<input type="checkbox"/> Domestic violence	<input checked="" type="checkbox"/> Child care
<input checked="" type="checkbox"/> Community corrections	<input checked="" type="checkbox"/> Public transit	<input type="checkbox"/> Energy assistance

Explanation/comments: Becker County has combined Human Services, Community Health and Transit. Becker County's Financial Support Unit consists of Financial Services (Income Maintenance and Child Care Assistance Program) and Child Support. Our contracted Employment Services Provider, RMCEP, meets quarterly with MFIP staff and uses a holistic approach to the employment plan development by involving the MFIP participant and his/her other service providers.

The Juvenile Probation Placement Specialist is co-located at probation and human services. Position provides child welfare case management in probation placement cases and continues with the family after the child transitions back to the community to prevent further out-of-home placement. Accesses child welfare services such as Intensive In-home Therapy, Home-based Family Resource/Skills Training, Respite, FGDM, Youth In Transition and SELF services as well as the traditional juvenile probation tools and requirements. The Placement Specialist is a member of the Family Preservation and Permanency Planning Screening Teams.

A financial worker is permanently integrated into the Family and Children's Services Unit to complete IV-E and MA eligibility determinations and documentation for all out-of-home placements (child protection, children's d.d., mental health and probation). Becker County is the grant coordinator for a ten county collaborative providing FGDM services.

Becker County Housing Authority is located in the same building as human services and staff meet as needed to co manage cases.

2. Location

Same building

Different locations

Describe how location of different departments/services impacts service coordination/ integration efforts: Our Employment Services providers are in different locations. RMCEP is located seven blocks away in Detroit Lakes, while White Earth Employment & Training is located about 60 miles away, but does have an office within 20 miles both located on the reservation. White Earth Transit does have accessible routes from Detroit Lakes to Naytahwaush and White Earth. Human Services and Community Health are located in the same building making access very convenient for staff and participants.

3. Data sharing

Same data system across multiple departments/services making data sharing easier

Different data systems are making data sharing difficult

Current data system is adequate to address the multiple needs of clients

Current data system is inadequate to address the multiple needs of clients

Other data-related issues/comments: MAXIS access at inquiry level has been shared with Community Health and all Human Services Units. MEC2 access has only been allowed for Children & Families at the Provider Level. SMI access has not been utilized to the full extent as SSIS not a full participant.

4. Limitations/constraints

Short staff/workload

Assets and resources

More reactive than proactive

Data privacy

Other limitations/constraints or comments:

5. Strengths and Benefits

Check the boxes below that describe your service coordination and integration experience in working with families: *[For each box checked, briefly explain in the text box provided]*

Holistic model of care adds to the potential for success for families

Early identification and intervention leads to better results for families

Integrated approach to service delivery benefits both county and clients

Excellent interdivisional relationships/communication

Staff commitment and knowledge of financial and social services

Other (state below)

The holistic approach provides continuity in services thus increasing the families' success by combining early assessment and rapid engagement of both the MFIP families and their service providers. Effective use of available resources and services for MFIP families could not be coordinated without our dedicated staff.

6. Counties with Indian Reservations

If your county has an American Indian Reservation, explain the level of service coordination with the tribes, and how these efforts are leading to equitable service delivery to American Indian residents:

White Earth Nation has a fully operational IV-D Agency and the CSED Liaison coordinates the shared cases with the county. White Earth Employment & Training meets quarterly with our MFIP Financial Eligibility Specialists. Our Racial Disparity Action Team members include Robert Goodwin, White Earth Employment & Training and Darrel Winter, TERO.

Section IV: Public Input

Counties must specify that the public was informed and input was sought for the use of funds as required by laws provided through this agreement.

1. From the list below, select how the public was informed in development of the service agreement:

<input type="checkbox"/>	Public hearing
<input type="checkbox"/>	Newspapers
<input type="checkbox"/>	Community meetings
<input type="checkbox"/>	Radio announcements
<input type="checkbox"/>	County Web site
<input type="checkbox"/>	Others (specify):

2. Prior to submitting the service agreement to the Minnesota Department of Human Services, did your county allow at least 30 days for soliciting of comments from the public on the content of the agreement?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

3. Describe the public input received and how it impacted your county's planning process or the service agreement by selecting one of the following two options:

<input type="checkbox"/>	Public input was received (<i>continue with the questions below</i>)
<input type="checkbox"/>	Did not impact the planning process/service agreement
<input type="checkbox"/>	Did impact the planning process/service agreement, particularly the:
<input type="checkbox"/>	Needs Statement section
<input type="checkbox"/>	Strategies and Outcomes section
<input type="checkbox"/>	Budget section
<input type="checkbox"/>	Other (specify):
	Briefly describe the changes made to the service agreement:

<input type="checkbox"/>	No public input was received
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Section V: County Budget

In the budget table below, indicate county name, amount, and percentage for each item listed with the specific MFIP or CCSA Consolidated Fund for CYs 2010-11. Also note:

- Total percent must equal 100.
- MFIP administration is capped at 7.5 percent unless your county is applying for an administrative cap waiver. To apply for the administrative cap waiver, respond to the questions following this budget page
- If “other” is used, please specify.

COUNTY: _____					
2010 MFIP – draft 7/30/09	Budgeted Amount	Percent	2010 CCSA	Budgeted Amount	Percent
Employment services (DWP)	\$96,260	14.5%	Children’s mental health	\$339233	39%
Employment services (MFIP)	\$247,604	38%	Child and family services	\$521,898	60%
Emergency services ¹	\$90,000	14%	Adult services	\$434	.5%
Administration	\$48,998	7.5%	Other 1: Developmentally disabled	\$435	.5%
Income maintenance administration	\$55,000	8%	Other 2:	\$	%
Other 1: County Program	\$95,443	15%	Other 3:	\$	%
Other 2: Community Health	\$20,000	3%	Other 4:	\$	%
2010 MFIP budget	\$653,305	100%	2010 CCSA budget	\$869,830	100%
2011 MFIP	Budgeted Amount	Percent	2011 CCSA	Budgeted Amount	Percent
Employment services (DWP)	\$96,260	14.5%	Children’s mental health	\$339233	39%
Employment services (MFIP)	\$247,604	38%	Child and family services	\$521898	60%
Emergency services ¹	\$90,000	14%	Adult services	\$434	.5%
Administration	\$48,998	7.5%	Other 1:Developmentally disabled	\$435	.5%
Income maintenance administration	\$55,000	8%	Other 2:	\$	%
Other 1: County Program	\$95,443	15%	Other 3:	\$	%
Other 2: Community Health	\$20,000	3%	Other 4:	\$	%
2011 MFIP budget	\$653,305	100 %	2011 CCSA budget	\$869,830	100%

¹ If dollars are budgeted for emergency services, ensure that the department has a copy of the county’s most current emergency services policies. A copy of your county’s emergency services policies can be e-mailed as an attachment to: mayjoua.ly@state.mn.us. Notify the department of any changes to emergency services policies during the 2010-11 biennium.

Administrative Cap Waiver

Is your county requesting a waiver of the MFIP administrative cap for the 2010-11 biennium?

- Yes If yes, provide a concise response to the following three questions.
- No If no, skip this section.

1. Describe the budget change (include any staff changes)

2. What new activities or services will be provided?

3. Describe the targeted population and number of people expected to be served?

Emergency Services in Counties with American Indian Reservations

Briefly describe how your county consulted with the tribes on the county emergency services and policies governing all residents of the county.

Copies of our Emergency Assistance Programs were provided and will be provided if any changes made. We have a strong collaboration with White Earth Reservation and have quarterly meeting with WE E&T. We also receive updates re: White Earth programs such as their recent Otto Bremer Emergency Fund.

Section VI: Assurances

It is understood and agreed by the county board that any funds granted pursuant to this service agreement will be expended for the purposes outlined in Minnesota Statutes, section 256J and 256M. It is understood and agreed by the county board that the commissioner of the Minnesota Department of Human Services has the authority to review and monitor compliance with the service agreement and that documentation of compliance will be available for audit.

The counties shall make reasonable efforts to comply with all Children and Community Services Act requirements, including efforts to identify and apply for available state and federal funding for services within the limits of available funding.

Acceptance and use of state and federal funds through the MFIP Consolidated Fund means the county agrees to operate the MFIP program in accordance with state law and guidance from the Minnesota Department of Human Services.

Contingency Planning

As required under the Child and Family Services Improvement Act of 2006 and under state guidance, counties and subcontractors should have a contingency plan in place to address specific federal criteria on how programs funded through Title IV-B, part 2, and Title IV-E would respond to a natural or man-made disaster. The federal criteria of the county and subcontractor's disaster preparedness plan would include the following:

- Identify, locate, and continue availability of services for children under state care or supervision who are displaced or adversely affected by a disaster;
- Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services in those cases;
- Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster;
- Preserve essential program records; and coordinate services and share information with other states.

Instructions and other details on the development of this plan were published in [Bulletin #07-68-10, titled "Child Welfare Disaster Preparedness Plans"](#) dated July 19, 2007. For questions or clarification, contact Jean Thompson at (651) 431-3856m or e-mail: jean.thompson@state.mn.us.

Section VII: Certification for Submission

- Checking this box certifies that this 2010-11 MFIP/CCSA Biennial Service Agreement has been prepared as required and approved by the county board(s) under the provisions of Minnesota Statutes, section 256M (Children and Community Services Act) and 256J (Minnesota Family Investment Program).

Chair, county board of commissioners or authorized designee

(state the name of the chair or designee, their mailing address and the name of the county)

Name (chair or designee)	Mailing Address	County

Date of Submission

Date:	
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